



Date Contacted		FBO CODE/S	
Contact Persons	1		2
<b>Company Details:</b>			
Company Name			
Address: Physical			
Postal			
Contact numbers:			
Mobile number:		Fax number:	
E-mail			
<b>Person / Company Responsible for account payment</b>		VAT No.	
PPECB n-code			
Name:		Position:	
Telephone:	Fax:	E-mail:	
<b>Audit Costs:</b>	<b>To be confirmed by means of quotation</b>	Date of audit	
<b>FBO Type to be audited:</b>	<p>The SHIPPER</p> <p>Auditing of the SHIPPER's ability to verify the gross mass of a packed container -as stipulated in the "Guidance for the implementation of SOLAS V1 Regulation 2 regarding the verification of the gross mass of packed containers" and promulgated in Marine Notice No 5 of 2016</p>		
<b>Procedure audited:</b>	<i>The verification of the gross mass of packed containers using Method 2</i>		
<b>Audit Type :</b>	Assessment Audit		

**Please email completed form for attention:**

**Shubesco Heilbron:**

**Email:** [vgmassessment@ppecb.com](mailto:vgmassessment@ppecb.com)



**PPECB**

**VGM CLIENT CONTACT SHEET**

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Date: 27 January 2015

**The undersigned person confirms having read this agreement and he/she accepts and understands the conditions that have been explained to him/her.**

\_\_\_\_\_  
**Signature of FO**

\_\_\_\_\_  
**Name Of FBO**

\_\_\_\_\_  
**Date**